



City of Greenville Community Development
APPLICATION FOR ASSISTANCE
First Time Homebuyers Program



Every question which applies to you must be answered. Please print and use ink.

Date: _____
Applicant's Name: _____ Soc. Sec. # _____
Co-Applicant's Name: _____ Soc. Sec. # _____
Street Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____
Length of Time at this Address: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Are you currently living within the city limits of Greenville? _____

HOUSEHOLD INFORMATION

Please list all persons who live in your household. List head of household first.

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>
1. _____ Occupation _____	_____	_____	_____	_____
2. _____ Occupation _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

FIRST TIME HOMEBUYER INFORMATION

	<u>Yes</u>	<u>No</u>
1. Have you and/or your spouse owned a home within the past three years?	_____	_____
2. Are you a single parent?	_____	_____
3. Do you own a dwelling whose structure is not permanently affixed to a permanent foundation?	_____	_____
4. Do you own a dwelling whose structure is not in compliance with building codes and cannot be brought into compliance with such codes for less than the cost of constructing a permanent structure?	_____	_____

INCOME INFORMATION

List all full-and/or part-time employment for all household members (other than minor, dependent children). Include self-employed earnings.

<u>Household Member</u>	<u>Employer Name & Address</u>	<u>Length of Employment</u>	<u>Monthly Income</u>	<u>Annual Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Employment if current is less than two years: _____

OTHER SOURCES OF INCOME

Examples: Social Security, SSI, welfare, pensions, disability compensation, unemployment compensation, interest, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Pay)

Household Member	Sources	Amount
_____	_____	\$_____ per _____
_____	_____	\$_____ per _____
_____	_____	\$_____ per _____

Assets

Checking Account(s): Bank: _____ Account #: _____ Balance: \$ _____
Bank: _____ Account #: _____ Balance: \$ _____
Savings Account: Bank: _____ Account #: _____ Balance: \$ _____
Savings Certificates: Bank: _____ Account #: _____ Balance: \$ _____
Credit Union Shares: Credit Union Name: _____
Address: _____
Stocks & Bonds: Value: \$ _____ War Bonds: Value: \$ _____

Do you NOW own Real Estate, other than your home? _____ If yes, what is the value? \$ _____
Address of Real Estate: _____
Current Monthly Rent: \$ _____

Credit Accounts: (List all mortgages, open charge accounts, finance company loans, automobile loans, etc.)

<u>Account Holder</u>	<u>Balance</u>	<u>Monthly Payment</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Current Weekly Child Care Expense: \$ _____

Racial Group Identification (For Statistical Purposes Only)

____ White ____ Black ____ Hispanic ____ Pacific Islander/Asian ____ American Indian/Alaskan ____ Other

CERTIFICATION BY APPLICANT(S)

I (We) understand my application for a New Home Grant is contingent on my financial condition as shown in this statement made by me (us). I (We) understand that giving a false statement of my financial condition may result in my application being disqualified. I (We) understand the City of Greenville will use a credit bureau to obtain a credit report on my financial condition and I (we) consent to this. I (We) hereby authorize the City to release any and all information contained in their records concerning my case, including a copy of my application and a copy of the credit report obtained from the credit bureau to the following organizations: City of Greenville, South Carolina; participating banks; Compass of Carolina, Inc., Consumer Credit Counseling Division, and Greenville County Human Relations Commission. I (We) consent to this release of information on the basis that such information will be used in assisting me in the process of determining whether I (we) am (are) able to purchase a home. Further, I (we) give permission to lender to disclose pertinent information concerning my (our) credit worthiness or any other information needed for the loan processing to the City of Greenville and/or contractor.

I (We) understand that it is my (our) responsibility to notify the City of Greenville's Community Development Division should any of the information provided above change. I (We) understand my (our) failure to provide such information may result in my (our) application being disqualified.

I (We) understand my (our) eligibility for the new Home Ownership Program depends on my (our) maintaining residency and income qualifications until my (our) application is approved and I (we) sign a contract with a builder for this program.

I (We) hereby certify that the above information is true and accurate to the best of my (our) knowledge. I (We) further certify that I (we) have no other assets other than those listed on this application.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Return To: Community Development Division – Post Office Box 2207 – Greenville, SC 29602

Revised 9/4/2012